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Bib Data Sheet

CONFIRMATION NO. 8186

<b>SERIAL NUMBER</b> 09/982,274	<b>FILING DATE</b> 10/17/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2166 3626	<b>ATTORNEY DOCKET NO.</b> 1-15562
<b>APPLICANTS</b> Ryan Lance Levin, Johannesburg, SOUTH AFRICA; Adrian Gore, Johannesburg, SOUTH AFRICA; Neville Stanley Koopowitz, Sandton, SOUTH AFRICA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/265,240 03/09/1999 ABN (in preexam) <i>OK DSC</i>				
<b>** FOREIGN APPLICATIONS *****</b> SOUTH AFRICA 98/2005 03/10/1998 <i>Not found DSC</i> SOUTH AFRICA 98/11943 12/30/1998				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 11/20/2001</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>Dilok S. Chandra</i> <i>DSC</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> SOUTH AFRICA	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 11
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 001678				
<b>TITLE</b> Managing the business of a medical scheme				
<b>FILING FEE RECEIVED</b> 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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